

THE EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT PROGRAM

MONTANA MEDICAID

**DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
MEDICAID SERVICES BUREAU
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A. PROGRAM

The Early & Periodic, Screening, Diagnosis & Treatment Program (EPSDT):

- < brings comprehensive health care to children from birth up to and including 20 years of age who are eligible for Medicaid.
- < has a preventive health philosophy of discovering and treating health problems before they become disabling and far more costly to treat in terms of both human and financial resources.
- < examines all aspects of a child's well being and corrects any problems that are discovered.
- < is administered by the Department of Public Health and Human Services, Medicaid Services Division.
- < encompasses such services as the following:

- Outpatient Chemical Dependency Treatment Services
- Chiropractic Services
- Nutrition Services
- Private Duty Nursing Services
- School Based Services
- Respiratory Therapy Services
- Audiology/Hearing Aid Services
- Dental Services
- Rehabilitation Services (OT, PT, & Speech)
- Optometry Services
- Well Child Screening Services
- Durable Medical Equipment

If you have any questions concerning these services, please contact the Montana State Medicaid Services Bureau at (406) 444-4540.

B. DEFINITIONS

EPSDT is a statewide program that provides children with comprehensive health screenings, diagnostic services, and treatment of any health problem detected. Defining each word of the program title will help explain the concept of EPSDT.

<u>EARLY</u>	means as soon as possible in the child's life (in case of a family already receiving assistance) or as soon as a child's eligibility for Medicaid is established.
<u>PERIODIC</u>	means Well Child Screens will be performed at intervals established by medical, dental, and other health care experts. Periodic screens assure diseases or disabilities are detected in the early stages. Types of procedures performed and their frequency will depend on age and health history of the child.
<u>SCREENING</u>	is the use of examination procedures for early detection and treatment of diseases or abnormalities. Referrals are made for those in need of specialized care.
<u>DIAGNOSIS</u>	<p>is the determination of the nature or cause of physical or mental disease (abnormality). A diagnosis is made through the combined use of a health history, physical, developmental and psychological evaluations, laboratory tests, and x-rays.</p> <p>Practitioners who do EPSDT examinations may diagnose and treat health problems uncovered by the screen or may refer the child to other appropriate sources for care.</p>
<u>TREATMENT</u>	<p>refers to care provided by practitioners enrolled with Montana Medicaid to prevent, correct, or ameliorate disease or abnormalities detected by screening and diagnostic procedures.</p> <p>Practitioners may screen, diagnose, and treat during one office visit.</p>

C. PERIODICITY SCHEDULE

Pages 7 through 14 contain easy reference tables for Well Child Screens defined by the age of a child.

If part of the Well Child Screen has not been completed at the suggested age (example: Immunizations), the health care professional should set up a schedule to ensure the child becomes current.

ADDENDUM A CONTAINS A DETAILED DESCRIPTION OF EACH WELL CHILD SCREEN COMPONENT. IF YOU HAVE ANY QUESTIONS, PLEASE REFER TO ADDENDUM A.

1. COMPLETE SCREENS:

- < include: a comprehensive examination (including unclothed physical), identification of risk factors, and ordering appropriate laboratory/diagnostic procedures.
- < are designed to detect possible problems. Medicaid does not expect Practitioners to perform a dental radiographic assessment on a child. However, practitioners need to perform an oral inspection of the mouth and make a referral to a dentist if indicated.
- < are to be billed using Preventative Medicine Procedure Codes 99381 through 99385 - New Patient, complete exam; 99391 through 99395 - Established Patients, complete exam.

2. PARTIAL SCREENS:

- < do not contain all screening elements found in the Well Child Screen Charts.
- < use the same procedure codes as the complete screen with a “52” modifier to indicate less than a full screen was provided.

Example 1: The practitioner performed all elements of the Well Child Screen except checking and screening the child’s hearing ability. This is a partial screen.

Example 2: The practitioner performed all elements except the required laboratory tests. These were ordered to be done by the lab technician. This is a complete screen as the laboratory tests are to be performed and were ordered during the Well Child Screen visit.

******Please remember ******

The difference between a partial screen and a complete screen is whether or not all elements are reviewed. The Well Child Screen does not require elaborate testing. A child should be screened for possible problems. If results indicate further testing is needed, this can be done at the Well Child Screen, at a later date, or a referral to a specialist can be made. For example a practitioner can perform a dental screen by examining the oral

cavity. The practitioner reviews the oral cavity to ensure gums are healthy. The practitioner finds the child's teeth are decomposing, he or she can refer the child to a dentist.

3. INTERPERIODIC SCREENS:

- < is performed more often than the suggested schedule found in the Well Child Screen Charts.
- < is usually recommended by health, developmental, or educational professionals who have come in contact with a child outside of the formal health care system (e.g., A child is referred to the school nurse by a teacher who suspects the child has a vision problem).
- < can be complete or partial screen and should be billed accordingly.
- < use the Preventive Medicine Codes as indicated under "Complete Screens".

A Well Child Screen should be performed when a child becomes eligible for Medicaid (unless the individual has had a recent equivalent examination) and then periodically according to the following schedules:

**WELL CHILD
SCREEN
REQUIREMENTS**

**WELL CHILD SCREEN REQUIREMENTS
FOR AGES
BIRTH THROUGH 12 MONTHS¹**

AGE	DAYS	MONTHS					
	2-3	1	2	4	6	9	12
A. INITIAL/INTERVAL HISTORY	*	*	*	*	*	*	*
B. ASSESSMENTS							
1. Denver Developmental Screen or other appropriate tool	*	*	*	*	*	*	*
2. Nutritional Screen	*	*	*	*	*	*	*
C. UNCLOTHED PHYSICAL INSPECTION							
1. Height	*	*	*	*	*	*	*
2. Weight	*	*	*	*	*	*	*
3. Head Circumference	*	*	*	*	*	*	*
4. Standard Body Systems	*	*	*	*	*	*	*
5. Check for signs of abuse	*	*	*	*	*	*	*
D. VISION SCREEN							
1. External inspection for gross abnormalities	*	*	*	*	*	*	*
2. Fixation test	*	*	*	*	*	*	*
3. Pupillary light reflex test	*	*	*	*	*	*	*
4. Observation/report of parent	*	*	*	*	*	*	*
5. Exam of red reflex	*	*	*	*	*	*	*
E. HEARING SCREEN							
1. History, physical, and developmental assessment	*	*	*	*	*	*	*
2. Administration of high risk criteria (usually done 1 time prior to 6 months)					*		

¹More information on each Well Child Screen component can be found in Addendum A.

**WELL CHILD SCREEN REQUIREMENTS
FOR AGES
BIRTH THROUGH 12 MONTHS²**

	DAYS	MONTHS					
AGE	2-3	1	2	4	6	9	12
3. Middle ear exam by otoscopy	*	*	*	*	*	*	*
4. Assess hearing capability					*		
F. LABORATORY TESTS							
1. Hematocrit or Hemoglobin						*	
2. Urinalysis					*		
3. Tuberculin Test							*
4. Lead Risk Assessment/Blood Test					*		*
5. Other tests as needed	*	*	*	*	*	*	*
G. IMMUNIZATIONS³							
1. HBV (Hepatitis B)	*		*		*		
2. DTP (Diphtheria, Tetanus, and Pertussis)			*	*	*		
3. Polio Immunization			*	*			
4. Hib Immunization (Meningitis)			*	*	*		
H. DENTAL SCREEN							
1. Counseling on Oral Hygiene to parents/caregivers (to be done between 6 - 12 months)						*	
2. Clinical Oral Exam (upon the eruption of the 1st tooth)				*	*		
3. Counseling for Non-nutritive habits (thumb sucking, etc)					*		

²More information on each Well Child Screen component can be found in Addendum A.

³The immunization schedule included in this chart is recommended by the Advisory Committee on Immunization Practices (ACIP). This schedule may change because of the type of vaccine used, age of the child when vaccine is given, or per doctor's recommendation.

**WELL CHILD SCREEN REQUIREMENTS
FOR AGES
BIRTH THROUGH 12 MONTHS⁴**

AGE	DAYS	MONTHS					
	2-3	1	2	4	6	9	12
4. Initial/interval dental history	*	*	*	*	*	*	*
5. Oral inspection of mouth, teeth, and gums	*	*	*	*	*	*	*
I. SPEECH AND LANGUAGE SCREEN							
1. Initiates social approach babbles					*		
2. Says 2 words besides “mamma” and “dada”							*
J. DISCUSSION & COUNSELING							
1. Topics appropriate for each age level	*	*	*	*	*	*	*

⁴More information on each Well Child Screen component can be found in Addendum A.

**WELL CHILD SCREEN REQUIREMENTS
FOR AGES
15 MONTHS THROUGH 4 YEARS⁵**

AGE	MONTHS		YEARS		
	15	18	2	3	4
A. INITIAL/INTERVAL HISTORY	*	*	*	*	*
B. ASSESSMENTS					
1. Denver Developmental Screen or other appropriate tool	*	*	*	*	*
2. Nutritional Screen	*	*	*	*	*
C. UNCLOTHED PHYSICAL INSPECTION					
1. Height	*	*	*	*	*
2. Weight	*	*	*	*	*
3. Head Circumference	*	*	*		
4. Blood Pressure				*	*
5. Standard Body Systems	*	*	*	*	*
6. Check for signs of abuse	*	*	*	*	*
D. VISION SCREEN					
1. Inspection for gross abnormalities	*	*	*	*	*
2. Fixation Test	*	*	*		
3. Pupillary light reflex test	*	*	*	*	*
4. Observation/report of parent	*	*	*		
5. Alternate Cover Test			*	*	*
6. Visual Acuity Test using the Illiterate Snellen E Chart or something similar			*	*	*
7. Exam of red reflex	*	*	*	*	*

⁵More information on each Well Child Screen component can be found in Addendum A.

**WELL CHILD SCREEN REQUIREMENTS
FOR AGES 15 MONTHS THROUGH 4 YEARS⁶**

AGE	MONTHS		YEARS		
	15	18	2	3	4
E. HEARING SCREEN					
1. History, physical, and developmental assessment	*	*	*	*	*
2. Administration of high risk criteria (if NOT done prior to 6 months of age)			*		
3. Middle ear exam by otoscopy	*	*	*	*	*
4. Assessment of hearing if not done prior to 6 months of age.			*		
F. LABORATORY TESTS					
1. Hematocrit or Hemoglobin		*		*	
2. Tuberculin Test			*		
3. Blood Lead Level Screen			*	*	*
4. Blood Lead Venipuncture (See Addendum A)			*		
5. Urinalysis			*		
6. Other tests as needed	*	*	*	*	*
G. IMMUNIZATIONS⁷					
1. MMR (Measles, Mumps, and Rubella)	*				
2. DTP(Diphtheria, Tetanus, Pertussis) or DTaP	*				
3. Hib Immunization (Meningitis)	*				
4. Varicella (Chicken Pox)	*				
5. Polio Immunization	*				

⁶More information on each Well Child Screen component can be found in Addendum A.

⁷The immunization schedule included in this chart is recommended by the Advisory Committee on Immunization Practices (ACIP). This schedule may change because of the type of vaccine used, age of the child when vaccine is given, or per doctor's recommendation.

**WELL CHILD SCREEN REQUIREMENTS
FOR AGES 15 MONTHS THROUGH 4 YEARS⁸**

AGE	MONTHS		YEARS		
	15	18	2	3	4
H. DENTAL SCREEN					
1. Counseling on Oral Hygiene to parents	*	*	*	*	*
2. Clinical Oral Exam	*		*	*	*
3. Counsel for Non-nutritive habits-thumb sucking	*		*	*	*
4. Initial/interval dental history	*	*	*	*	*
5. Oral inspection of mouth, teeth, and gums	*	*	*	*	*
6. Prophylaxis/Fluoride			*	*	*
7. Radiographic Assessment			*	*	*
8. Pit/Fissure Sealants			*	*	*
9. Assess/Treat Malocclusion			*	*	*
I. SPEECH AND LANGUAGE SCREEN					
1. Begins connecting words for a purpose - such as bye-bye and want cookie			*		
2. Holds up fingers to signify age. Vocabulary of 500 to 1000 words. Uses an average of 3-4 words per speech attempt.				*	
3. Speech is understandable. May make some articulation errors. 4-5 word sentences.					*
J. DISCUSSION & COUNSELING					
1. Topics appropriate for each age level	*	*	*	*	*

⁸ More information on each Well Child Screen component can be found in Addendum A.

**WELL CHILD SCREEN REQUIREMENTS
FOR AGES
5 YEARS THROUGH 12 YEARS⁹**

AGE	YEARS				
	5	6	8	10	12
A. INITIAL/INTERVAL HISTORY	*	*	*	*	*
B. ASSESSMENTS					
1. Denver Developmental Screen or other appropriate tool	*	*			
2. General assessment of gross and fine motor skills, social emotional, cognitive, and self help skills			*	*	*
2. Nutritional Screen	*	*	*	*	*
C. UNCLOTHED PHYSICAL INSPECTION					
1. Height	*	*	*	*	*
2. Weight	*	*	*	*	*
3. Blood Pressure	*	*	*	*	*
4. Standard Body Systems	*	*	*	*	*
5. Check for signs of abuse	*	*	*	*	*
D. VISION SCREEN					
1. External inspection for gross abnormalities	*	*	*	*	*
2. Color Discrimination Test on all boys	*	*	*	*	*
3. Visual Acuity Test using the Illiterate Snellen E Chart or something similar	*	*	*	*	*
4. Corneal Light Reflex	*	*	*	*	*
4. Exam of red reflex	*	*	*	*	*
E. HEARING SCREEN					
1. History, physical, and developmental assessment	*	*	*	*	*
2. Middle ear exam by otoscopy	*	*	*	*	*

⁹More information on each Well Child Screen Component can be found in Addendum A.

**WELL CHILD SCREEN REQUIREMENTS
FOR AGES
5 YEARS THROUGH 12 YEARS¹⁰**

AGE	YEARS				
	5	6	8	10	12
3. Administration of pure tone audiometry	*	*	*	*	*
F. LABORATORY TESTS					
1. Hematocrit or Hemoglobin		*			*
2. Urinalysis		*			
3. Blood Lead Level (if needed)	*	*			
4. Other tests as needed	*	*	*	*	*
G. IMMUNIZATIONS¹¹	* or 12 yrs				* or 5 yrs
1. MMR (Measles, Mumps, and Rubella)					
2. Polio Immunization	*				
3. DTP (Diphtheria, Tetanus, and Pertussis) or DTaP	*				
4. HBV (Hepatitis B)					*
5. Varicella (Chicken Pox)					*
6. Td - Tetanus					*
H. DENTAL SCREEN¹²					
1. Counseling on Oral Hygiene to parents/caregivers	*	*	*	*	*
2. Clinical Oral Exam	*	*	*	*	*

¹⁰More information on each Well Child Screen component can be found in Addendum A.

¹¹The immunization schedule included in this chart is recommended by the Advisory Committee on Immunization Practices (ACIP). This schedule may change because of the type of vaccine used, age of the child when vaccine is given, or per doctor's recommendation.

¹²Dental screening should be done on an annual basis or as recommended by the child's dentist.

**WELL CHILD SCREEN REQUIREMENTS
FOR AGES
5 YEARS THROUGH 12 YEARS¹³**

AGE	YEARS				
	5	6	8	10	12
3. Counsel for Non-nutritive habits (thumb sucking, etc)	*	*			
4. Initial/interval dental history	*	*	*	*	*
5. Oral inspection of mouth, teeth, and gums	*	*	*	*	*
6. Prophylaxis/Fluoride	*	*	*	*	*
7. Radiographic Assessment	*	*	*	*	*
8. Pit/Fissure Sealants	*	*	*	*	*
9. Substance Abuse Counseling		*	*	*	*
10. Assess/Treat Malocclusion	*	*	*	*	*
I. SPEECH AND LANGUAGE SCREEN					
1. Speech and Language skills should be assessed at each Well Child Screen	*	*	*	*	*
J. DISCUSSION & COUNSELING					
1. Topics appropriate for each age level	*	*	*	*	*

¹³ More information on each Well Child Screen component can be found in Addendum A.

**WELL CHILD SCREEN REQUIREMENTS
FOR AGES
13 YEARS THROUGH 20+ YEARS¹⁴**

AGE	YEARS			
	14	16	18	20
A. INITIAL/INTERVAL HISTORY	*	*	*	*
B. ASSESSMENTS				
1. General assessment of gross and fine motor skills, social emotional, cognitive, and self help skills	*	*	*	*
2. Nutritional Screen	*	*	*	*
C. UNCLOTHED PHYSICAL INSPECTION				
1. Height	*	*	*	*
2. Weight	*	*	*	*
3. Blood Pressure	*	*	*	*
4. Standard Body Systems	*	*	*	*
5. Check for signs of abuse	*	*	*	*
D. VISION SCREEN				
1. Inspection for gross abnormalities	*	*	*	*
2. Color Discrimination Test on all boys	*	*	*	*
3. Visual Acuity Test using the Illiterate Snellen E Chart or something similar	*	*	*	*
4. Exam of red reflex	*	*	*	*
E. HEARING SCREEN				
1. History, physical, and developmental assessment	*	*	*	*
2. Middle ear exam by otoscopy	*	*	*	*
3. Administration of pure tone audiometry	*	*	*	*

¹⁴More information on each Well Child Screen component can be found in Addendum A.

**WELL CHILD SCREEN REQUIREMENTS
FOR AGES
13 YEARS THROUGH 20+ YEARS**

AGE	YEARS			
	14	16	18	20
F. LABORATORY TESTS				
1. Hematocrit or Hemoglobin			*	
2. Tuberculin Test				
3. Urinalysis			*	
4. Other tests as needed				
G. IMMUNIZATIONS				
1. Td (Tetanus & Diphtheria)	*			
H. DENTAL SCREEN¹⁵				
1. Counseling on Oral Hygiene to patient	*	*	*	*
2. Clinical Oral Exam	*	*	*	*
3. Initial/interval dental history	*	*	*	*
4. Oral inspection of mouth, teeth, and gums	*	*	*	*
5. Prophylaxis/Fluoride	*	*	*	*
6. Radiographic Assessment	*	*	*	*
7. Pit/Fissure Sealants	*	*	*	*
8. Substance Abuse Counseling	*	*	*	*
10. Assess/Treat Malocclusion	*	*	*	*
I. SPEECH AND LANGUAGE SCREEN				
1. Speech and Language skills should be assessed at each Well Child Screen	*	*	*	*
J. DISCUSSION & COUNSELING				
1. Topics appropriate for each age level	*	*	*	*

¹⁵Dental Screenings should be done on an annual basis or as recommended by the child's dentist.

D. PASSPORT TO HEALTH AND THE EPSDT PROGRAM

- < PASSPORT TO HEALTH is a program for Medicaid recipients based on the primary care case management model of coordinated care.
- < Recipients choose a PASSPORT primary care provider who acts as a “gatekeeper” for certain services.
- < Recipients must have those services provided or authorized by the PASSPORT provider to be eligible for Medicaid reimbursement.

THE FOLLOWING IS A LIST OF SERVICES WHICH DO NOT REQUIRE PASSPORT PROVIDER AUTHORIZATION

Family Planning	Radiology	Pathology
Optometry	Immunizations	Blood Lead Testing
Dental	Respiratory Therapy	Pharmacy
Rehabilitation	Podiatry	
Dietician	Personal Care Attendant	
Audiology		

- < If a service is not listed above, you must obtain prior authorization from the child's PASSPORT provider prior to providing the service.
- < Please refer to your *General Information For Providers* manual or *PASSPORT To Health Provider Handbook*, or telephone 1-800-624-3958 or 406-442-1837 if you have any questions.

E. HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

Health Maintenance Organization (HMO):

- < is a business which delivers a comprehensive set of health care benefits on a prepaid risk basis.
- < will not be available everywhere. In areas where an HMO is available, recipients will have a choice between PASSPORT and HMO. Recipients who choose an HMO must obtain HMO-covered services through HMO-contracted providers. Those providers will bill and be reimbursed by the HMO instead of Medicaid.

Please refer to the Montana Medicaid Provider Handbook for more details. If you do not have a Medicaid Provider Handbook, please call Consultec at 1-800-624-3958 to request a copy.

F. FAIM - Families Achieving Independence in Montana

FAIM:

- < is a comprehensive welfare reform package called Families Achieving Independence in Montana (FAIM) implemented in February 1996.
- < is a welfare reform project incorporating Food Stamps, TANF - Temporary Assistance to Needy Families (formerly AFDC), and Medicaid.
- < include goals to strengthen the values of family, work, and responsibility while increasing recipients' personal dignity on their way to achieving self-sufficiency.
- < affects Medicaid coverage for able-bodied adults 21 years of age and older. There will be no change to Medicaid benefits received by children up to and including age 20.
- < requires parents to ensure their children are receiving regular checkups and get all required immunizations before they are issued a check under the FAIM program. Parents will be scheduling appointments for Well Child Screens or EPSDT Screens. To verify their children are up to date in their health care, parents will present an EPSDT card for your signature (see the following page).

1. Instructions for the EPSDT Card

- < Find the column heading listing the service provided to child (Well Child, Dental, or Immunization).
- < Look down the "BY AGE" column on left-hand side of the wallet card. Find the age of child closest to the current age. For example: If a child received a Well Child Screen at two years, 10 months of age, the health care provider (or designee) would date and sign in the column titled "Well Child" by the age row of 3 years. Fill in the space as follows Sept 1, 1996/ Dr. Jones.
- < Shaded areas on the card indicate that particular activity is not required at that age.
- < If a child did not receive one of the activities by the required age as indicated on this wallet card, health care providers need to make note of the reason in the comment section. If more room is needed, please feel free to write this information on a separate sheet of paper.
- < If a child is behind (or ahead) on his or her immunizations, please fill in the date immunization was given regardless of the age column.

If you have any questions concerning FAIM, please contact Child and Family Services Division at (406) 444-4545.

2. EPSDT WELL CHILD CARD

G. REIMBURSEMENT

1. Billing/Payment Disclaimer

The Department is committed to paying Medicaid claims as quickly and efficiently as possible. To attain this goal, Medicaid claims are processed by an automated method. This automated method does not include a review by medical personnel or detailed evaluation for appropriate billing procedures.

The automated system may detect many billing errors and denies claims accordingly. However, this process is not inclusive. **Providers are responsible for billing their services correctly.** Standard use of the coding conventions, particularly those established in ICD-9-CM and CPT-IV/HCPCS, are required of the provider when billing Medicaid.

THEREFORE, DO NOT ASSUME MEDICAID PAYMENT OF A CLAIM MEANS THE SERVICE WAS BILLED OR PAID CORRECTLY

Periodic retrospective reviews are conducted. Reviews may reveal incorrect billing and payment issues. When services were billed and/or paid incorrectly, the Department is required by Federal regulations to recover incorrect payments.

2. General Requirements for Enrollment

To become a Medicaid provider, the individual must agree to abide by all Medicaid Provider Requirements found in Section III of the Medicaid Provider Handbook. For more information, please contact:

Provider Relations Department
Consultec, Inc.
P.O. Box 4936
Helena, MT 59604
Telephone 1-800-624-3958
1-406-442-1837

3. Billing Requirements

The EPSDT Program encompasses many different services. Providers need to contact Consultec at 1-800-624-3958 and request specific provider manuals for services provided.

Provider manuals are available for each of the following Services:

Chiropractic Services	Podiatry
Nutrition Services	Dental Services
Private Duty Nursing Services	Transportation
School Based Services	Pharmacy
Respiratory Therapy Services	Optometry Services
Audiology/Hearing Aid Services	Physician Services
Developmental Diagnostic Centers	Home Health Services
Rehabilitation Services (OT, PT, & Speech)	Hospital
Well Child Screening Services (EPSDT Services)	
Targeted Case Management	
Durable Medical Equipment	
Family Planning Services	
Laboratory and X-ray	
Nurse Specialist Services	
Personal Care Services	
Outpatient Chemical Dependency Treatment Services	

For specific billing information concerning Well Child Screens, please refer to Addendum B.

4. USUAL AND CUSTOMARY CHARGES

All charges for services submitted to Medicaid must be made in accordance with an individual provider's USUAL AND CUSTOMARY charges to the general public unless:

- ◆ A provider has entered into an agreement with the Department to provide services at a negotiated rate, or
- ◆ A provider has been directed by the Department to submit charges at a Department specified rate.

5. MEDICAID PAYMENT IS PAYMENT IN FULL

- < As a condition of participation, providers must accept as payment in full the amount paid by Medicaid for any covered service provided to an eligible Medicaid recipient.
- < Providers may not seek any payment in addition to or in lieu of the amount paid by Medicaid, except Medicaid co-payment specified in the yellow General Medicaid Provider Handbook, from a recipient or his/her representative.

- < There are instances where recipients have other insurances which pay at a higher rate than allowed by Medicaid. In these instances, a provider may bill Medicaid and receive a payment from Medicaid equaling to \$0.00. This is because the amount paid by the insurance company is more than what Medicaid would have allowed for the same procedure.
- < Medicaid payment for services are based on (in most instances) a fee schedule or the RBRVS - Resource Based Relative Value System for each procedure code. Payment may not make up the difference between what an insurance company paid and the billed amount by the provider.

ADDENDUM A

DETAILED INFORMATION FOR WELL CHILD SCREENS

WELL CHILD SCREEN(S):

- < in some instances, may not be completed at the suggested age (example: immunizations), health care professionals should follow recommended practices to ensure the child becomes current.
- < results may indicate further testing or referrals are needed. Health care professionals should complete tests or make referrals according to standard procedures and practices.
- < may show that a high risk factor is present based on the child's environment, history, or test results. Health care professionals should proceed with required/recommended tests. Evaluation methods used may be different from what is indicated on the Well Child Screen charts (example: A tuberculin test performed on a child who is 9 months of age because the child's sibling had an active case of diagnosed tuberculosis).

The following information contains additional guidelines to be used when performing Well Child Screens:

A. INITIAL/INTERVAL HISTORY

The initial/interval history should be obtained from a parent or other responsible adult who is familiar with the child's health history. This must include, but is not limited to:

1. Information pertinent to family history
2. Details of birth, prenatal, neonatal periods
3. Nutritional status
4. Growth and development
5. Childhood illness
6. Hospitalizations,
7. Immunization history

IF A HISTORY HAS BEEN DONE PREVIOUSLY, IT MAY JUST BE UPDATED EACH VISIT.

B. ASSESSMENTS

1. Appropriate Developmental Screening

Providers should administer a developmental screen appropriate to the age of the child during each Well Child Screen. The following screening tools are recommended for children age birth to six years:

- a. Prescreening Developmental Questionnaire
- b. Denver Developmental Screening Test
- c. Battelle Screening Test

Children six years of age and older should have a general developmental assessment including gross-motor and fine-motor skills, social-emotional skills, and cognitive and self-help skills development.

Results of developmental screens need to be considered in combination with other information gained through the history, physical examination, observations of behavior and reports of observations by the parents/caregivers.

If developmental problems are identified, appropriate follow-up and/or referral to proper resources should be made. If a child is from 0 to 3 years of age and developmental and/or possible developmental problems are identified, providers should refer parents to the Infant and Toddler Program at 1-800-222-7585. The Infant and Toddler Program may be able to assist parents in meeting the needs of their child.

2. Nutritional Screen

Providers should assess the nutritional status at each Well Child Screen through the following activities:

- a. inquire about dietary practices to identify unusual eating habits. Unusual eating habits could include pica behavior, extended use of bottle feedings, or diets deficient or excessive in one or more nutrients;
- b. a complete physical examination including an oral inspection;
- c. accurate measurements of height and weight (all measurements should be plotted on the National Center for Health Statistics Growth Charts);
- d. screening for iron deficiency at the appropriate ages and/or intervals;

Children with nutritional problems may be referred to a licensed nutritionist or dietician

for further assessment, counseling, or education as needed.

C. UNCLOTHED PHYSICAL INSPECTION

Each unclothed physical inspection should include the following:

1. Height
2. Weight
3. Standard body systems evaluation
4. Observation for any signs of abuse

During each Well Child Screen, providers need to assess the child's growth. All measurements should be plotted on the National Center for Health Statistics (HCHS) Growth Charts.

Growth assessments should be reported as abnormal if:

- ◆ If a child's height and/or weight is below the 5th percentile or above the 95th percentile
- ◆ If weight for height is below the 10th percentile or above the 90th percentile (using the weight for height graph), the growth assessment should be reported as abnormal.

1. Head Circumference

An occipital frontal head circumference (OFHC) should be measured on each child 3 years and younger at each Well Child Screen. This measurement should be plotted on the HCHS Growth Chart. OFHC should be reported abnormal if:

- ◆ it is below the 5th percentile or above the 95th percentile
- ◆ size of the head is not following a normal growth curve
- ◆ head is grossly disproportionate to the child's length

Deviations in the shape of the head may warrant further evaluation and follow-up.

2. Blood Pressure

- < All children 3 years and older shall have a blood pressure taken at each Well Child Screen.
- < Measurements should be taken in a quiet environment, with the correct size cuff, and with the fourth and fifth phase Korotkoff sound noted for the diastolic

pressure.

- < Blood pressure is considered abnormal if the systolic and/or diastolic or both are above the 95th percentile. It is important not to label the child “hypertensive”; use of the term “high normal blood pressure” is appropriate during evaluation and follow-up.
- < Any child with a blood pressure reading above the 95th percentile should have it repeated in 7-14 days. If the blood pressure is still elevated, he/she should be rechecked again in 7-14 days. If blood pressure is elevated on the third visit, the child should receive appropriate medical evaluation and follow-up.¹⁶

D. VISION SCREEN

A vision screen appropriate to the age of the child should be conducted at each Well Child Screen. A checklist is provided in each Well Child Screen Chart for your convenience.

Further evaluations and proper follow up should be recommended if the following conditions are present:

- ◆ Infants and children who show evidence of infection, squinting, enlarged or lazy cornea, crossed eyes, amblyopia, cataract, excessive blinking, or other eye abnormality.
- ◆ An infant or child who scored abnormal on the fixation test, pupillary light reflex test, alternate cover test, or the corneal light reflect test in either eye.
- ◆ Three to nine year old children who demonstrate a visual acuity of less than 20/40 in either eye or who demonstrate a one-line difference in visual acuity between the two eyes within the passing range.
- ◆ Children 10 years and older whose vision is 20/30 or worse in either eye or who demonstrate a one line difference in visual acuity between the two eyes within the passing range.

E. HEARING SCREEN

A hearing screen appropriate to the age of the child should be conducted at each Well Child

¹⁶ As recommended by the American Academy of Pediatrics .

Screen. A checklist is provided in each Well Child Screen Chart for your convenience.

Further evaluations and proper follow up should be recommended if one of the following conditions are present:

- ◆ Infants and children positive on one or more of the 8 hi-risk register items (listed below).
- ◆ Infants and children whose medical, physical, or developmental history indicate possible hearing loss.
- ◆ Children found positive when tested with pure tone screening.

1. Eight Hi-Risk Items

- ◆ Visible congenital or traumatic deformity of the ear

Congenital - such as atresia (no ear canal) or abnormally small ear canals.
Traumatic deformity - collapsed canals or a deformed ear that might contraindicate presence of mold or aid.
- ◆ History of active drainage from the ear within previous 90 days
- ◆ History of sudden or rapidly progressive hearing loss within the previous 90 days

Possibly due to viral attack-trauma, etc. Should be seen by a medical doctor immediately.
- ◆ Acute or chronic dizziness

Indicates possible problems with semi-circular canals (balance)
- ◆ Unilateral hearing loss of sudden or recent onset within the previous 90 days.
Could be caused by mumps, virus, head trauma, menieres disease and various vascular disorders.
- ◆ Audiometric air-bone gap equal to or greater than 15 decibels at 5000Hz, 100Hz and 200Hz

A conductive or middle ear pathology can cause a difference of greater than 15dB between the air conduction test results and results by bone conduction.

- ◆ Visible evidence of significant cerumen accumulation or a foreign body in the ear canal.
- ◆ Pain or discomfort simply indicates there is something wrong and should be seen by a medical doctor.

2. High Risk Register

- ◆ Positive family history of hearing loss
- ◆ Viral or other non-bacterial transplacental infection
- ◆ Defects of ear, nose or throat system; malformed, low-set to absent pinnae; cleft lip or palate
- ◆ Birth weight under 1500 grams
- ◆ Unconjugated bilirubin over 24 mg/100 ml or over infant's weight in decagrams
- ◆ Bacterial meningitis
- ◆ Severe asphyxia with arterial flow less than 7.25, coma, seizures or need for continuous assisted ventilation

F. LABORATORY TESTS

Providers who conduct Well Child Screens must use their medical judgement in determining applicability of performing specific laboratory tests and/or analyses. The following are basic laboratory tests that should be performed when a child reaches the required age.

1. Hematocrit And Hemoglobin

Hematocrit or Hemoglobin are done at the following ages: Newborn (for high risk infants), 2 months (for high risk infants); 8-12 months; 18-24 months, 3-4 years; 5-6 years, and 11-12 years.

Further evaluation and proper follow-up is recommended for children with values below those listed:

<u>Age</u> (Gms/100ml)	<u>Sex</u>	<u>Hct</u>	<u>Hgb</u>
Newborn	Both	44	14
6-18 Months	Both	32	10
1 1/2 - 5 Yrs	Both	34	11
6-14 Years	Both	37	12
14+ Years	Female	37	12
14+ Years	Male	40	13

2. Blood Lead Level

- ◆ A venous blood lead level determination should be done on children between the ages of 12 and 72 months.
- ◆ Children who have a history of pica behavior, an environment suspect of lead exposure, or whose history/physical examination findings are suspicious should have a blood lead level follow-up.
- ◆ Lead poisoning is an elevated venous blood lead level (i.e., greater than or equal to 10 micrograms per deciliter (ug/dl)).
- ◆ If an elevated blood lead level is discovered, a child should be rescreened every 3 to 4 months until lead levels are within normal limits. In addition, a venipuncture blood lead level should be performed annually through at least age six (72 months).
- ◆ A blood lead level test must be performed on children between the ages of 1 and 3 years of age unless medically contraindicated. This is especially important for those children who are living in high-risk areas such as the Butte/Walkerville area, the East Helena Area, or in old housing which may contain lead paint.

Beginning at 6 months of age and at each visit thereafter until 6 years of age (72 months), providers must discuss with parent(s)/caregiver(s) about childhood lead poisoning interventions and assess the child's risk for exposure. A verbal interview or written questionnaire, such as the following, may identify those children at high risk of lead exposure in Montana. Blood lead testing should be carried out on those children identified as high risk by this or a similar questionnaire:

- ◆ Does your child live in or regularly visit an old house built before 1960? Was

your child's day care center/preschool/ babysitter's home built before 1960? Does the house have peeling or chipping paint?

- ◆ Does your child live in a house built before 1960 with recent, ongoing, or planned renovation or remodeling?
- ◆ Have any of your children or their playmates had lead poisoning?
- ◆ Does your child frequently come in contact with an adult who works with lead? Examples are construction, welding, pottery, or other trades practiced in your community.
- ◆ Does your child live near a lead smelter, battery recycling plant, or other industry likely to release lead?
- ◆ Do you give your child any home or folk remedies that may contain lead?
- ◆ Does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead?
- ◆ Does your home's plumbing have lead pipes or copper with lead solder joints?

Ask any additional questions specific to situations existing in your community. Risk is determined from responses to a verbal or written questionnaire risk assessment.

IF ANSWERS TO ALL QUESTIONS ARE NEGATIVE, A CHILD IS CONSIDERED LOW RISK FOR HIGH DOSES OF LEAD EXPOSURE. PRACTITIONERS WILL NEED TO MAKE A DECISION WHETHER TO PERFORM A BLOOD LEAD LEVEL.

****NOTE**A BLOOD LEAD LEVEL MUST BE PERFORMED AT LEAST ONE TIME ON CHILDREN BETWEEN 1 AND 3 YEARS OF AGE UNLESS MEDICALLY CONTRAINDICATED.**

IF ANSWERS TO ANY QUESTIONS ARE POSITIVE, A CHILD IS CONSIDERED HIGH RISK FOR HIGH DOSES OF LEAD EXPOSURE. A BLOOD LEAD TEST MUST BE OBTAINED AT THE TIME A CHILD IS DETERMINED TO BE HIGH RISK. TESTS NEED TO BE REPEATED EVERY 3 TO 4 MONTHS UNTIL LEAD LEVELS ARE WITHIN NORMAL LIMITS. TESTS SHOULD BE DONE IF THE CHILD IS STILL CONSIDERED HIGH RISK. PRACTITIONERS NEED TO PERFORM A VENOUS BLOOD LEAD LEVEL ON CHILDREN DETERMINED TO BE HIGH RISK.

A subsequent verbal risk assessment can change a child's risk category. Any information suggesting increased lead exposure for previously low risk children must be followed up with a blood lead test.

3. Tuberculin Screening

Tuberculin testing should be done as indicated on the Well Child Screen Charts or more often on individuals in high-risk populations, (Asian refugees, Indian children, migrant children, etc.) or if historical findings, physical examination or other risk factors so indicate.

4. Urinalysis

- ◆ Urinalysis using a multiple dipstick method should be done on all children at two years and 13-15 years.
- ◆ Because of heightened incidence of bacteriuria in girls, they should have additional tests around three years, five years and eight years.
- ◆ Children who have had previous urinary tract infections should be rescreened more frequently.
- ◆ If test results are positive but the history and physical examination are negative, the child should be tested again in 7 days.
- ◆ If results are positive a second time or if there are supportive findings in the history and physical examination from the first positive test, further follow-up is indicated.
- ◆ If a male child has a urinary tract infection, a referral or further testing should be done immediately.

5. Other

Other laboratory tests, i.e., chest x-ray, pap smear, sickle cell testing, etc., should be done if indicated.

G. IMMUNIZATIONS

- ◆ The immunization status of each child should be reviewed at each Well Child Screen.
- ◆ Reviewing the immunization status of a child includes: interviewing parents/caretakers, reviewing immunization history/records, and reviewing known high risk factors the child may be exposed to.
- ◆ A checklist for a child's immunization regiment is provided in each Well Child Screen Chart for your convenience.
- ◆ Immunizations needed by children at their Well Child Screen should be given on-site, provided there are not existing contradictions.
- ◆ Immunizations are to be given according to the Advisory Committee on Immunization Practices (ACIP).
- ◆ Arrangements should be made with the parent/responsible adult for the completion of immunizations.
- ◆ If a child was not immunized at the recommended time in early infancy, providers should follow the standard immunization schedule found on the next two pages to ensure the child is fully immunized.

RECOMMENDED IMMUNIZATION SCHEDULE FOR INFANTS AND CHILDREN UP TO 7TH BIRTHDAY NOT IMMUNIZED AT THE RECOMMENDED TIME IN EARLY INFANCY*

Timing	Vaccine(s)	Comments
First Visit (≥4 mos of age)	DTP{3}, OPV, Hib{3,4} Hepatitis B MMR (should be given when child is age 12 - 15 months)	All Vaccines should be administered simultaneously at the appropriate visit.
Second Visit (1 month after 1st visit)	DTP{3}, Hib{3, 4}, Hepatitis B	
Third Visit (1 month after 2nd visit)	DTP{3}, OPV, Hib{3,4}	
Fourth Visit (6 wks after 3rd visit)	OPV	
Fifth Visit (≥ 6 mos after 3rd visit)	DtaP{3} or DTP, Hib{3, 4} Hepatitis B	
Additional Visits Preschool** (4-6 years)	DtaP{3} or DTP, OPV, MMR	Preferably at or before school entry.
Middle School (14-16 years)	Td	Repeat every 10 yrs throughout life.
DTP Diphtheria-tetanus-pertussis	DtaP	Diphtheria-tetanus-acellular pertussis
Hib Haemophilus influenzae type b conjugate	MMR	Measles-mumps-rubella
OPV Poliovirus vaccine, live oral, trivalent	Td	Tetanus and diphtheria toxoids (for ages ≥ 7 yrs)

* If initiated in the first year of life, administer DTP doses, 1, 2, and 3 and OPV doses 1, 2, and 3 according to this schedule; administer MMR when the child reached 12-15 months of age.

** See individual ACIP recommendations for detailed information on specific vaccines.

{3} Two DTP and Hib combination vaccines are available (DTP/HbOC[TETRAMUNE^TM]; and PRP-T[ActHIB^TM, OmniHIB^TM] which can be reconstituted with DTP vaccine produced by Connaught). DTP and DtaP should not be used on or after the 7th birthday.

{4} The recommended schedule varies by vaccine manufacturer. For information specific to the vaccine being used, consult the package insert and ACIP recommendations. Children beginning the Hib vaccine series at age 2-6 months should receive a primary series of three doses of HbOC[HibTITER] (Lederl-Praxis), PRP-T[ActHIB^TM, OmniHIB^TM](Pasteur Merieux; SmithKline Beecham; Connaught), or a licensed DTP-Hib booster doses of any licensed Hib conjugate vaccine should be administered at 12-15 months of age and at least 2 months after the previous dose. Children beginning the Hib vaccine series at 7-11 months of age should receive a primary series of two doses of a HbOC, PRP-T, or PRP-OMP-containing vaccine. An additional booster dose of any licensed Hib conjugate vaccine should be administered at 12-18 months of age and at least 2 months after the previous dose. Children beginning the Hib vaccine series at ages 12-14 months should receive a primary series of one dose of a HbOC, PRP-T, or PRP-OMP-containing vaccine. An additional booster dose of any licensed Hib conjugate vaccine should be administered 2 months after the previous dose. Children beginning the Hib vaccine series at ages 15-59 months should receive one dose of any licensed Hib vaccine. Hib vaccine should not be administered after the fifth birthday except for special circumstances as noted in the specific ACIP recommendations for the use of Hib vaccine.

**RECOMMENDED IMMUNIZATION SCHEDULE
FOR PERSONS 7 YEARS OF AGE OR OLDER
WHO HAVE NOT BEEN PREVIOUSLY IMMUNIZED**

Timing	Vaccine(s)	Comment
First Visit	Td-1*, OPV-1+ and MMR[#]	OPV not routinely administered to those 18 years of age or older
2 mo. after 1st Td, OPV	Td-2, OPV-2	
6-12 mo. after 2nd OPV	Td-3, OPV-3	OPV-3 may be given as soon as 6 weeks after OPV-2
10 years after Td-3	Td	Repeat every 10 years throughout life

* Td - Tetanus and diphtheria toxoids (adult type) are used after the 7th birthday. The DTP doses given to children under 7 who remain incompletely immunized at age 7 or older should be counted as prior exposure to tetanus and diphtheria toxoids (e.g. a child who previously received 2 doses of DTP only needs 1 dose of Td to complete a primary series).

+ OPV - Oral, attenuated poliovirus vaccine contains poliovirus types 1, 2, & 3. When polio vaccine is to be given to individuals 18 years or older, IPV is preferred. See ACIP statement on polio vaccine for immunization schedule for IPV.

MMR - Live measles, mumps and rubella viruses in a combined vaccine. Persons born before 1957 can generally be considered immune to measles and mumps and need not be immunized. Rubella vaccine may be given to persons of any age, particularly to women of childbearing age. MMR may be used since administration of vaccine to persons already immune is not deleterious.

H. DENTAL SCREEN

Oral inspections are included in Well Child Screens. Results should be included in the child's Initial/Interval History. Although an oral inspection is part of Well Child Screens, it does not substitute for an examination through a direct referral to a dentist. A child should be referred to the dentist as follows:

- ◆ when the first tooth erupts and at least yearly thereafter;
- ◆ if he/she has the first tooth and has not obtained a complete dental examination by a dentist in the past 12 months.
- ◆ if an oral inspection reveals cavities, infection, or the child has or is developing a handicapping malocclusion or significant abnormality.

A checklist is provided in each Well Child Screen charts for your convenience.

I. SPEECH AND LANGUAGE SCREEN

Speech and language screens identify delays in development of children. Some expressive landmarks are provided in the Well Child Screen charts for your convenience.

The most important readiness period for speech is 9 to 24 months. Parents should be urged to talk to their children early and frequently.

Referrals for further speech and hearing evaluations may be appropriate if one or more of the following exists:

- ◆ Child is not talking at all by the age of 18 months
- ◆ Suspected hearing impairment
- ◆ Child is embarrassed or disturbed by his/her own speech
- ◆ Voice is monotone, extremely loud, largely inaudible, or of poor quality
- ◆ There is noticeable hypernasality or lack of nasal resonance
- ◆ There is undue parental concern
- ◆ Where speech is not understandable at 3 years of age, a referral may be appropriate, as the condition may be caused by an unsuspected hearing impairment or a variety of undiagnosed conditions.

J. DISCUSSION AND COUNSELING

Parents should have the opportunity to ask questions, to have them answered in understandable language, and to have sufficient time allotted for unhurried discussions. All examination results should be interpreted in non-technical terms. Practitioners should discuss and interpret examination results in accordance with the parents' level of understanding.

Signs and symptoms of emotional disturbances represent deviations from or limitations in healthy development. These problems usually will not warrant a psychiatric referral but can be handled by the Practitioners. He or she should discuss problems with parents and give advice and/or counsel.

Suggested Subjects for Discussion and Counseling

NUTRITION

Feeding and diets at different ages
Vitamins
Weaning - self feeding
Small appetite of young child

SAFETY

Accidents
Accidental poisoning
Car safety
Swimming
Poisons (including Lead)

GENERAL HEALTH

Immunization
Patterns of respiratory infections
Exanthemata
Care of teeth

ELIMINATION

Normal patterns
Training of bowels
Training of bladder

INTERPERSONAL RELATIONS

Attitude of father
Place of child in family
Jealous
Selfishness sharing, taking turns
Fear of strangers
Discipline - obedience
Manners - courtesy
Peer companionship/relations
Attention getting
Preschool, kindergarten and
school readiness & performance
Use of money
Assumption of responsibility
Need for affection and praise
Competitive athletics

PROBLEMS SUCH AS

Stealing
Setting fires
Whining, etc.
As indicated by parental concern

BEHAVIOR DEVELOPMENT

Sleep patterns
Temper
Constipation - diarrhea
Attempts at independence
(normal unpleasant behavior)
Curiosity (getting into things)
Speech and language
Sex education and development
Attention span

ADDENDUM B

BILLING INFORMATION FOR EPSDT SERVICES

CPT-IV procedure codes for preventive medicine services are used to bill for EPSDT screening services. “New” and “Established” patient guidelines as defined in CPT-IV are to be followed by providers in determining appropriate procedure codes. Preventative Medicine codes are not billed in time increments. Only one unit of service in this code range is to be billed for a screen.

A. COMPLETE SCREENS (PREVENTIVE MEDICINE PROCEDURE CODE)

- ! 99381 through 99385 New Patient, **complete** exams
- ! 99391 through 99395 Established Patients, **complete** exam

Complete screens can be billed only if medical professionals have obtained a comprehensive history, provided a comprehensive examination (including unclothed physical), identified risk factors, and ordered appropriate laboratory/diagnostic procedures.

B. PARTIAL SCREENS

Partial screens can be billed using appropriate codes from ranges above with modifier -52 Reduced Services.

Example: a partial screen on a four-year-old patient who has not been seen by your office before would be billed using code 99382-52.

Well Child Screens are designed to detect possible problems. Medicaid does not expect practitioners to perform a dental radiographic assessment on a child in this screen. Practitioners should perform an oral inspection of the mouth and make a referral to a dentist if needed.

Use the following information when billing for components of Well Child Screens:

C. INITIAL/INTERVAL HISTORY

The initial/interval history is included in Preventive Medicine Procedure Codes.

D. ASSESSMENT**1. Denver Developmental Screen**

96110 Administration and medical interpretation of developmental tests

2. Nutrition Screen

Payment for nutrition screens are included in Preventive Medicine Procedure Codes if performed as part of the Well Child Screen. Results of nutrition screens may indicate a child needs to be referred to a Nutritionist for an in-depth Nutritional Evaluation. Please refer to Addendum E, Nutrition Services for correct billing procedures.

E. UNCLOTHED PHYSICAL INSPECTION

Payment for unclothed physical inspections are included in Preventive Medicine Procedure Codes.

F. VISION SCREEN

Payment for vision screens are included in Preventive Medicine Procedure Codes if performed as part of the Well Child Screen. Results of a vision screen may indicate a child needs to be referred to an Optometrist for an in-depth optometric exam. Please refer to the Optometric Services Provider Manual for correct billing procedures.

G. HEARING SCREEN

Payment for hearing screens are included in Preventive Medicine Procedure Codes if performed as part of the Well Child Screen. Results of a hearing screen may indicate a child needs to be referred to an Audiologist for an in-depth audiology exam. Please refer to the Audiology Services Provider Manual for correct billing procedures.

H. LABORATORY TESTS

Two different methods are used to bill Medicaid for laboratory tests. They are as follows:

- ◆ Providers who perform a venipuncture **AND** lab test determination can bill a laboratory code and a venipuncture code.

example: If a practitioner performs a venipuncture or capillary stick for laboratory analysis for a Blood Lead level performed at their office. The following codes should be billed:

G0001 Venipuncture or 36415 Capillary stick
83655 Blood Lead Level

*NOTE - 36415 is allowed **only** with the blood lead level (V82.5).

- ◆ Providers who perform a venipuncture and send laboratory samples to an outside laboratory (other than Montana State Laboratory), can bill the following:

G0001 Venipuncture

Health care providers are not allowed to bill laboratory procedures when performed by an outside laboratory.

I. IMMUNIZATIONS

- ◆ Montana Medicaid will reimburse for administration of each pediatric vaccine (injection or oral Preparations) provided free by the Vaccines For Children (VFC) Program. Use procedure code **Z0805** to bill for administration of vaccine to children.
- ◆ When billing **Z0805**, also include procedure codes indicating the vaccine administered with a \$0.00 charge.
- ◆ Since **Z0805** is for use with the VFC program, this code is only valid for eligible Medicaid recipients 18 years old and under. For Medicaid recipients 19 years and older, providers need to bill the correct CPT code for the vaccine administered.
- ◆ HCFA regulations require Medicaid to stop reimbursing Medicaid providers who have not enrolled in the VFC program for vaccines available free through the VFC program. Medicaid will reimburse only for the administration of these immunizations. The following **vaccine procedure codes** will no longer be reimbursed for children 18 years old and under:

90700 DTaP	90707 MMR	90712 OPV	90713 IPV
90716 VARICELLA	90718 Td	90720 DTP/HIB	90744 HEP B
90748 HEP B/HIB	90371 HBIG	90645 HIB HbOC	
90647 HIB PRP-IMP	90648 HIB PRP-T		

We urge all Medicaid providers to participate in the VFC program. The Department of Public Health and Human Sciences administers the VFC program including the distribution of free vaccine to providers. For more information and to enroll, telephone (406)-444-5580.

J. DENTAL SCREEN

Payment for dental screens are included in Preventive Medicine Procedure Codes if performed as part of the Well Child Screen. Results of the dental screen may indicate a child needs to be referred to a Dentist for an in-depth dental exam. Please refer to the Dental Provider Manual for correct billing procedures.

K. SPEECH AND LANGUAGE SCREEN

Payment for speech and language screens are included in Preventive Medicine Procedure Codes if performed as part of the Well Child Screen. Results of the speech and language screen may indicate a child needs to be referred to a Speech Therapist for an in-depth exam. Please refer to the Speech Therapy Provider Manual for the correct billing procedures.

L. DISCUSSION & COUNSELING

Payment for counseling and/or risk factor reduction intervention is included in Preventive Medicine Procedure Codes if performed as part of the Well Child Screen. If there is a separate visit for counseling and/or risk factor reduction it can be billed using CPT procedure codes 99401 through 99412.

ADDENDUM C**CHEMICAL DEPENDENCY TREATMENT SERVICES**

A. DEFINITIONS

Outpatient chemical dependency treatment services need to be provided by an outpatient chemical dependency treatment center certified by the Department of Public Health and Human Services, Addictive and Mental Disorders Division.

B. BENEFITS AND LIMITATIONS

Outpatient chemical dependency treatment services:

- ◆ must be determined appropriate by a Certified Chemical Dependency Counselor.
- ◆ shall only be provided to Medicaid eligible patients up to and including age 20. Covered services are:
 - Individual appraisal and/or consultation for the determination of chemical dependency treatment.
 - Intensive outpatient treatment and aftercare services.
 - Basic outpatient treatment and aftercare services.
 - Aftercare services for Medicaid eligible adjudicated youth who have received inpatient services funded by Addictive & Mental Disorders Division.
 - Family consultation when an eligible child receives outpatient chemical dependency treatment and the certified chemical dependency counselor consults with the parent as part of the child's treatment.

The Department maintains the right to review claims for medical necessity.

C. REIMBURSEMENT

For outpatient chemical dependency treatment services, the Department shall pay the lowest of:

- ◆ the provider's actual (submitted) charge for the service;
- ◆ for patients who are eligible for both Medicare and Medicaid reimbursement is made for the Medicare deductible and coinsurance. However, total reimbursement from Medicare and Medicaid shall not exceed the Medicaid fee for the service; or
- ◆ Medicaid fee

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D. BILLING PROCEDURES

- ◆ Outpatient chemical dependency treatment services are billable in **15-minute units**. Services are billed to Medicaid on the HCFA-1500 claim form. The “Days or Units” field on the claim form must indicate the number of 15-minute units of service being billed.
- ◆ Providers must enter a “1” in field 24H of the HCFA-1500 claim to indicate an EPSDT service.

The following procedure codes are used in processing claims for chemical dependency treatment. Use of these codes by providers is mandatory when billing Medicaid.

Reimbursement for Dates of Service beginning 07/01/99 is as follows:

BASIC SERVICE CODES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE/15 MINUTES</u>
Z0783	Appraisal and/or consultation for chemical dependency, individual treatment session	8.98
Z0775	Basic outpatient treatment, individual treatment session	8.98
Z0776	Basic outpatient treatment, group treatment session	1.81
Z0777	Basic outpatient treatment, family consultation session	8.98
Z0778	Aftercare, group session, per individual	1.81
Z0779	Aftercare, individual session	8.98

CHEMICAL DEPENDENCY TREATMENT SERVICES**INTENSIVE SERVICE CODES**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE/15 MINUTES</u>
Z0783	Appraisal and/or consultation for chemical dependency, individual treatment session	8.98
Z0780	Intensive outpatient treatment, individual treatment session	8.98
Z0781	Intensive outpatient treatment, group treatment session	1.81
Z0782	Intensive outpatient treatment, family consultation session	8.98
Z0778	Aftercare, group session, per individual	1.81
Z0779	Aftercare, individual session	8.98

Valid ICD-9-CM diagnosis codes must be used in billing Medicaid. Failure to use valid diagnosis and procedure codes will result in claims being denied.

NOTE: DSM-4 codes are not valid in the Medicaid claims processing system.

When an eligible child receives outpatient chemical dependency treatment and the certified chemical dependency counselor consults with parents as part of the child's treatment, the time with the parent shall be billed to Medicaid under the child's name. Providers shall indicate on the claim the child is the recipient and state child's diagnosis. Indicate the session was with the child's parent. Family consultation sessions will be reimbursed at individual treatment rates.

44 CHIROPRACTIC SERVICES

ADDENDUM D CHIROPRACTIC SERVICES

A. DEFINITIONS

Chiropractic services are to be performed by a licensed chiropractor in accordance with the laws of the state in which he or she is practicing.

B. BENEFITS AND LIMITATIONS

Chiropractic services:

- < are a part of the EPSDT Program for Children up to and including age 20 eligible for Medicaid.
- < are limited to evaluation and management office visits, manual manipulation of the spine, and X-rays to support diagnosis of sub-luxation of the spine.

The Department maintains the right to review claims for medical necessity.

C. REIMBURSEMENT

For chiropractic services, the Department shall pay the lowest of:

- The provider's actual (submitted) charge for the service;
- For patients who are eligible for both Medicare and Medicaid, reimbursement is made for the Medicare deductible and coinsurance. However, total reimbursement from Medicare and Medicaid shall not exceed the Medicaid fee for the service; or
- The Department's fee schedule as specified in the Resource Based Relative Value Scale (RBRVS) Reimbursement.

D. BILLING PROCEDURES

- < Chiropractors will use the HCFA-1500 common billing form. Valid ICD-9-CM diagnosis codes are required for billing. Providers should refer to the billing instructions section of the Medicaid Provider Handbook for further information on Medicaid requirements.
- < Providers must enter a "1" in field 24H of the HCFA-1500 claim form to indicate an EPSDT service.

- < Chiropractors delivering services to children and adolescents must look for the PASSPORT designation on the Medicaid ID card. For recipients with a PASSPORT designation, chiropractors must obtain a prior authorization from the recipient's PASSPORT provider.
- < If there is a PASSPORT provider, the PASSPORT provider's identification number must be entered in box 17a on the HCFA-1500 for payment of chiropractic services.

E. PROCEDURE CODES

The procedure codes used in billing Medicaid are:

CODE	DESCRIPTION
99201 through 99205	Office or other outpatient services -New Patient
99211 through 99215	Office or other outpatient services - Established Patient
98940 through 98943	Chiropractic Manipulative Treatment
72040	Radiological examination, spine, cervical; anteroposterior and lateral
72070	Radiological examination, spine, thoracic; anteroposterior and lateral
72100	Radiological examination, spine, lumbosacral; anteroposterior and lateral

ADDENDUM E

NUTRITION SERVICES

A. MEDICAID COVERAGE

- < Nutrition services are included as a component under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.
- < Nutrition services include screening, assessment, counseling, consultation, education and related services for children up to and including age 20.

B. DEFINITIONS

1. A **provider** of nutrition services must be a nutritionist or dietitian licensed or registered in accordance with laws of the State in which he/she is practicing.
2. **Nutrition screening** is a collection of subjective and objective nutritional and dietary data about a child.
3. **Nutrition assessment** uses information obtained in a nutrition screening to evaluate a child's nutritional problems, and to design a plan to prevent, improve or resolve identified nutritional problems, based upon health objectives, resources and capacity of the child.
4. **Nutrition counseling** is provided directly to/with a child, or to a responsible caregiver. Counseling explains nutrition assessments and implements a plan of nutrition care.
5. **Nutrition consultation** is consultation with or for health professionals to research or resolve special nutrition problems or to refer a child to other services pertaining to nutritional needs.
6. **Nutrition education** is routine education for normal nutritional needs.

C. BILLING PROCEDURES

Nutrition providers will use the HCFA-1500 common billing form.

Valid ICD-9-CM diagnosis codes must be used in billing Medicaid. Failure to use valid diagnosis and procedure codes on Medicaid claims will result in denial.

Providers must enter a "1" in field 24H of the HCFA-1500 claim form to indicate an EPSDT service.

NUTRITION SERVICES

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The following Medicaid procedure codes must be used on the HCFA-1500:

Medicaid's rate of reimbursement for nutritional services is the lower of the provider's usual and customary (billed) charge or the Medicaid fee for dates of service beginning 07/01/99.

PROCEDURE CODE	DESCRIPTION	FEE FOR 15 MINUTES
Z2000	Nutritional Screening Service	\$ 6.50
Z2001	Nutritional Assessment Service	\$ 6.50
Z2002	Nutritional Counseling	\$ 6.50
Z2003	Nutritional Consultation	\$ 6.50
Z2004	Nutritional Education	\$ 6.50

MEDICAID REIMBURSES NUTRITIONAL SERVICES IN 15-MINUTE UNITS. FOUR (4) UNITS EQUAL ONE HOUR OF SERVICE. MEDICAID WILL PAY UP TO THE STATED RATE ABOVE FOR EACH UNIT OF SERVICE BILLED IN THE “DAYS OR UNITS” FIELD OF THE CLAIM FORM.

ADDENDUM F
PRIVATE DUTY NURSING SERVICES

A. DEFINITIONS

1. **Private Duty Nursing Services** -- are to be provided by a registered or licensed practical nurse to non-institutionalized children up to and including age 20 requiring complex care for conditions of such medical severity or complexity that skilled nursing care is necessary.
2. **Home Health Nursing Services** -- are nursing services provided by an enrolled Medicaid home health agency. These nursing services must be billed by that agency and not under Home Infusion Therapy or Private Duty Nursing services. Nursing services are billed in accordance with current home health program procedures and are available to all ages.
3. **Home Infusion Therapy Nursing Services** -- are nursing services provided by a registered nurse employed by the home infusion therapy agency.

B. BENEFITS AND LIMITATIONS

Private Duty Nursing Services:

- < shall be ordered in writing by a child's attending practitioner.
- < must be prior authorized by the Department's designee: Medicaid Utilization Review Dept, Mountain Pacific Quality Health Foundation, P.O. Box 6488, Helena, MT 59604-6488.
- < will be reimbursed through contracts with incorporated providers who employ or contract nurses to provide services. Contracts with individual nurses as providers of these services are not allowed by the Department.
- < are provided to a child up to and including age 20 and may include:
 - ◆ Skilled Nursing Services provided by a registered or licensed practical nurse;

- ◆ Patient specific training provided to a registered nurse or licensed practical nurse when a patient is new to a nursing agency, when a change in the condition of a patient requires additional training for the current nurse, or when a change in nursing personnel requires a new nurse to be trained to care for a patient.

Home Infusion Therapy Nursing Services:

- < must be provided by a registered nurse employed by a home infusion therapy agency.
- < can only bill procedure code Z0752 - RN Services provided for home infusion therapy services.
- < are NOT separately billable when home infusion therapy is provided in a nursing facility.
- < provided to Medicaid HMO participants must bill the HMO. Claims for Home Infusion Therapy Nursing Services for these patients will be denied.

Please see the Home Infusion Therapy Manual for complete details.

C. PRIVATE DUTY NURSING POLICY

- < The Private Duty Nursing Program's purpose is to provide skilled nursing care to patients up to and including age 20.
- < The Home Infusion Therapy Nursing Program provides nursing services to all patients who require home infusion therapy.
- < Respite care is NOT a benefit of the private duty nursing or home infusion therapy programs.
- < Number of units approved for private duty nursing services are based on the time required to perform a skilled nursing task. A prior authorization request must be sent to the Department accompanied by a practitioners' prescription for private duty nursing.
- < If eligible, respite services may be covered through the waiver - Home and Community Based Services Program.

- < Private duty nursing services may be provided to a child without parents or guardians being present. However, providers may require a parent or guardian to be present while services are being provided. The issue of whether to require a parent or guardian to be present during PDN services is between private duty nursing providers and their clients, Medicaid will not dictate this policy.
- < **The Montana Medicaid program will not perform retrospective reviews of private duty nursing authorization requests for services that have already been provided to recipients and not authorized by the Department or its designee.**
- < **PROVIDERS WILL BE REQUIRED TO SEND IN PRIOR AUTHORIZATION REQUESTS TWO WEEKS PRIOR TO THE CURRENT PRIOR AUTHORIZATION REQUEST END DATE ON RECIPIENT CURRENTLY RECEIVING SERVICES.**
- < Private duty nursing hours for new recipients will be handled as requests are received from providers as recipients are discharged from the hospital or other medical settings.
- < *Medicaid authorizes a set number of private duty nursing hours for each 3 or 6 month time period. How these hours are used is between the provider, recipient, and his/her parents. For example: If a child is authorized 2 hours of private duty nursing hours a day, he/she may want to save up those hours so the family can use 4 hours one day and no hours the second. Recipients may use their allotted number of hours as they wish within the specified time period. The scheduling of the hours and how they are going to be used is between the provider, the recipient, and his or her family. **Please note: additional hours will not be allowed if the family has used all allotted hours before the specified time period ends and wishes to have more to cover the rest of the time period unless there has been a medical change in the child.***

D. REIMBURSEMENT

For private duty nursing services provided to a patient up to and including age 20 and home infusion therapy nursing services provided to any age Medicaid recipient, the Department shall pay the lowest of:

- The provider's actual (submitted) charge for the service;
- For patients who are eligible for both Medicare and Medicaid, reimbursement is made for the Medicare deductible and coinsurance. However, total reimbursement from Medicare and Medicaid shall not exceed the Medicaid fee for the service; or
- The Department fee schedule.

E. BILLING PROCEDURES

Private duty nursing services and home infusion therapy nursing services are billed to the Medicaid Program on the HCFA-1500 claim form using procedure codes listed under Item 7 below.

F. PRIOR AUTHORIZATION

- < All private duty nursing services must be prior authorized by the Department's Medical Support Section.
- < Prior authorization must be requested at the time of initial submission of the plan of care and at any time the plan of care is amended.
- < To request prior authorization, submit a completed “Request for Authorization, Private Duty Nursing Services”. This form is found at the back of Addendum F, and is sent to:

Medicaid Utilization Review Dept
Mountain Pacific Quality Health Foundation
P.O. Box 6488
Helena, MT 59604-6488

Telephone: (406)443-4020 ext 150 (Helena)
1-800-262-1545 ext 150 (outside Helena)
Fax: (406)443-4585

- < **Providers are to photocopy the authorization form contained in this manual and use the copies to request approval.**
- < Providers of private duty nursing services are responsible for requesting prior authorization and obtaining renewal of prior authorization.
- < Requests for prior authorization must be renewed every ninety (90) days during the first six (6) months of services, and every six (6) months thereafter.
- < Providers will be required to send in prior authorization requests two weeks prior to the current prior authorization request end date on recipients currently receiving services.
- < Private duty nursing hours for new recipients will be handled as requests are received from providers as recipients are discharged from the hospital or other medical settings.

- < Total number for units of service submitted on claims must not exceed those authorized by the Department. Payment will not be made for units of service in excess of those authorized. Only number of units authorized will be reimbursed.
- < Medicaid Services Division uses an automated prior authorization system. A record of each authorization will be entered into the claims processing system. A prior authorization (PA) Number will be assigned by Consultec. Notification of all PA approvals and denials will appear on the Medicaid Remittance Advice (RA).
- < The PA Number for each approved request will be on the RA. This ten-digit number is specific to each PA request, and must be entered in field 23 of the HCFA-1500 claim form as proof of authorization.
- < If providers are requesting reimbursement for medication administration in the school setting, the Request for Additional Information to Justify Medication Administration in School must be filled out and attached to the prior authorization request. This form can be found at the back of Addendum F.
- < Prior authorization is NOT required for Home Infusion Therapy Nursing Services.
- < If a provider has a prior authorization, the Medicaid recipient must still be eligible for Medicaid at the time service is provided. If recipient is not eligible for Medicaid, payment will be denied based on recipient eligibility even if services have been prior authorized.

****PLEASE NOTE: You are requested to estimate the number of PDN hours per day for each child. The number of hours authorized by the Department may be different than number of hours the nursing firm requested. Federal regulations require Medicaid to authorize reimbursement only for the time required to perform a skilled nursing task, therefore, units authorized may be different than units requested. Other services such as personal care attendants (PCA), home health care, etc. may be obtained under other programs if all program requirements are met.***

G. PROCEDURE CODES

The following procedure codes are to be used for billing private duty nursing services for dates of service starting 07/01/99:

<u>CODE</u>	<u>DESCRIPTION</u>	<u>REIMBURSEMENT</u>
Z0746	LPN Services provided at home	\$ 7.80 each 30 minutes
Z0748	Patient specific training	\$ 7.80 each 30 minutes
Z0749	RN Services provided at home	\$10.40 each 30 minutes
Z0750	RN Services provided at school	\$10.40 each 30 minutes
Z0751	LPN Services provided at school	\$ 7.80 each 30 minutes
Z0752	RN Home Infusion Nursing Services	\$10.40 each 30 minutes

MOUNTAIN PACIFIC QUALITY HEALTH FOUNDATION

P.O. Box 6488
Helena, Montana 59604

Phone# 406-443-4020
Fax # : 406-443-4585

1-800-262-1545 ext 150

REQUEST FOR AUTHORIZATION OF PRIVATE DUTY NURSING SERVICES

Complete all areas which apply to the recipient:

Medicaid #: _____
 Name: Last _____ First _____ MI _____ SEX _____ DOB _____
 Address: _____ City: _____ State: _____ Zip: _____
 Provider#: _____ Provider Name: _____ Location: _____
 Phone#: _____ Fax : _____
 Signature of person doing review: _____

NUMBER OF HOURS REQUESTED PER DAY: _____

Physician name: _____ Diagnosis: _____
 Reason services are being requested: _____

SCHOOL SERVICES: (Complete all blanks in this section)

- * Date school year starts: _____ Date school year ends: _____
- * Attends how many days a week: _____ Daily schedule: _____
- * Who actually administers medications to students: _____
- * Can med administration times be shifted so they do not have to be given at school?: _____
- * Medications to be given / freq.: _____
- * Other skilled needs type / freq. IE: (catheterization, wound care) _____

HOME SERVICES:

(attach copy of history and physical
and DR orders)

Tube feeding /amount /frequency

*Routine Meds / frequency:

Suction / Respiratory treatments:

OTHER SKILLED NEEDS:

(IE : sterile dressings B.I.D.)

If medications or treatments are ordered PRN- keep accurate records of date, times and duration of treatments. Submit a request for additional units at the end of the date span.

Foundation Use Only: **Review Type:** _____ **Review Category:** _____
Approved: **From** _____ **Thru** _____ ☐ **hour units** _____
Denied: **From** _____ **Thru** _____ ☐ **hour units** _____

ADDENDUM G
RESPIRATORY CARE SERVICES

A. DEFINITIONS

Respiratory therapy services are to be provided by a licensed Respiratory Care Practitioner in accordance with laws of the State in which he or she is practicing.

B. BENEFITS AND LIMITATIONS**Respiratory therapy services:**

- < shall be ordered in writing by the patient's attending practitioner.
- < shall only be provided to children **up to and including age 20**.
- < will be reimbursed by the Department through contracts with incorporated providers who employ or contract therapists to provide services. Contracts with individual therapists as providers of these services is not allowed by the Department.

The Department maintains the right to review claims for medical necessity.

C. REIMBURSEMENT

For respiratory therapy services, the Department shall pay the lowest of:

- The provider's actual (submitted) charge for the service;
- For patients who are eligible for both Medicare and Medicaid, reimbursement is made for the Medicare deductible and coinsurance. However, total reimbursement from Medicare and Medicaid shall not exceed the Medicaid fee for the service; or
- The Department's fee schedule as specified in the Resource Based Relative Value Scale (RBRVS) Reimbursement.

D. BILLING PROCEDURES

Respiratory therapy services are billed to the Medicaid Program on the HCFA-1500 claim form. Procedures are billed using CPT-IV codes with the "EP" modifier.

The total number of hours of respiratory therapy provided during the period being billed

are reported in the **DAYS OR UNITS** field of the claim form. Providers must follow the CPT-IV description in billing units.

Valid ICD-9-CM diagnosis codes must be used in billing Medicaid. Failure to use valid diagnosis and procedure codes on Medicaid claims will result in denial.

Providers must indicate a “1” in field 24H of the HCFA-1500 to indicate an EPSDT service.

E. PROCEDURE CODES

The procedure codes available to bill for respiratory therapy include the following CPT-IV codes:

SERVICE	PROCEDURE CODES
Pulmonary	94010 through 94772
Respiratory System	31502, 31725, 31720
Cardiovascular System	36600
Chemistry & Toxicology	82800, 82803
Cardiovascular (CPR)	92950

ADDENDUM H

SCHOOL BASED SERVICES

A. DEFINITIONS

- < Schools may provide EPSDT screens and related services to Medicaid eligible children up to and including age 20.
- < All services must be provided by professionals licensed to perform those services in accordance with laws of the State in which they practice.
- < Services that can be provided by schools include:
 - ! Speech Therapy
 - ! Occupational Therapy
 - ! Physical Therapy
 - ! Audiology, and dispensing of hearing aid batteries
 - ! Mental health services performed by:
 - psychiatrist or practitioner,
 - licensed professional counselor,
 - licensed clinical social worker, or
 - licensed clinical psychologist
 - ! Early and Periodic Screening, Diagnosis and Treatment or Well-Child examinations performed or supervised by:
 - certified nurse practitioner,
 - physician, or
 - physician assistant

Reimbursement is allowed for screens performed by a registered nurse or a licensed practical nurse under the supervision of a licensed physician, physician assistant, or a certified nurse practitioner. **Supervision is defined as on school premises when the Well-Child Screens are performed.**

B. PROVIDER QUALIFICATIONS

- < Medical providers, employed by school based providers to perform Well Child (EPSDT) Screens and services, must be licensed to perform those services in accordance with the laws of the state in which they practice.

- < It is the responsibility of school based providers to assure services being billed to Medicaid are performed by appropriately licensed medical professionals.
- < Names and licenses of all medical professionals providing services on behalf of schools shall be maintained by school based providers to confirm current medical accreditation.

C. ENROLLMENT PROCEDURES

1. Schools Who Employ Medical Service Providers

- Schools who employ all or most of medical service providers for whom the school submits bills can be enrolled with a single provider number for all services.
- Schools may use this single provider number to bill for any Medicaid covered service provided by a licensed medical professional.

2. SCHOOLS WHO CONTRACT WITH MEDICAL SERVICE PROVIDERS

- Schools who contract with all or most of medical service providers for whom the school submits bills **can not be enrolled with a single provider number**.
- Schools who contract with all or most of their providers must bill for each service using the provider number of the individual who provided services.
- Providers and schools can arrange with the Department for payments to be made to the school. If payments are assigned to the school, the school will also have the responsibility to collect third party liability payments on behalf of the provider of services.

****NOTE: SCHOOLS WHO WISH TO HAVE SEPARATE PROVIDER NUMBER FOR EACH PROVIDER TYPE (I.E. SPEECH THERAPISTS, OCCUPATIONAL THERAPISTS, AND PHYSICAL THERAPISTS) CAN REQUEST SEPARATE PROVIDER NUMBERS FROM CONSULTEC.**

D. REIMBURSEMENT

- Services provided by school based providers are subject to all requirements, limitations, and prior authorization criteria that affect each particular service.
- Details on requirements and reimbursement are found in the specific provider manuals for each service.

SCHOOLS MAY BILL MEDICAID ONLY FOR SERVICES PROVIDED BY LICENSED HEALTH PROFESSIONALS. YOU MAY NOT BILL MEDICAID FOR SERVICES PROVIDED BY A TEACHER OR TEACHER'S AIDE.

****Please note: This does not mean you can not use teachers or aides to assist in therapy plans. However, you cannot bill their time to Medicaid.**

E. BILLING PROCEDURES**1. Speech, Occupational, and Physical Therapy Services:**

- must have a referral from the PASSPORT provider.
- must have a written order in the child's medical records within 30 days of a verbal order or referral from a physician or mid-level practitioner.
- are not entitled to Medicaid reimbursement if services are provided prior to actual receipt of the written or verbal order or referral.
- referrals and orders are valid for Medicaid purposes for no more than 180 days. It is the responsibility of the therapist to obtain the order or referral for services.
- have other regulations and documentation requirements which are further defined in the Therapy Services Manual.
- **MUST ADD THE MODIFIER "EP" TO THESE SPEECH THERAPY PROCEDURE CODES TO RECEIVE REIMBURSEMENT:**

**99201 THROUGH 99205
99211 THROUGH 99215
99241 THROUGH 99245**

**99385
99395**

2. EPSDT Screening Services

- CPT-IV procedure codes for preventive medicine services are used to bill for EPSDT screening services.
- “New” and “Established” patient guidelines as defined in CPT-IV are to be followed by schools in determining appropriate procedure codes.
- Preventative Medicine codes are not billed in time increments. Only one unit of service in this code range is to be billed for a screen.
- Well-Child Screens must have a PASSPORT Provider Referral or HMO Enrollment of the school prior to providing the screen.
- Complete screens can be billed only if the medical professional has obtained a comprehensive history, provided a comprehensive examination (including unclothed physical), identified risk factors, and ordered appropriate laboratory/diagnostic procedures.
- Partial screens should be billed using appropriate codes from ranges above with modifier 52 Reduced Services.

Example: a partial screen on a four year old patient who has not been seen by your office before would be billed using code 99382-52.

3. Audiology and dispensing of hearing aid batteries:

- must have a referral from the PASSPORT provider.
- must have a written order in the child’s medical records within 30 days of a verbal order or referral from a physician or mid-level practitioner.
- are not entitled to Medicaid reimbursement if services are provided prior to actual receipt of the written or verbal order or referral.
- have other regulations and documentation requirements which are further defined in the Audiology Manual.

4. Diagnosis codes

Valid **ICD-9-CM** diagnosis codes must be used to bill the Montana Medicaid program. Failure to use valid diagnosis codes will result in claims being denied.

5. Service limits

Medicaid waives limits on services for children. To waive limits for children, providers must indicate on claims that services were EPSDT services by placing a “1” in field 24H on the HCFA-1500. If 24H is not marked with a single digit of “1,” and recipient's limit has been reached or exceeded, claims will be denied.

6. Place of Service

School based services should be billed on the HCFA-1500 with the place of service value of 11. The place of service code is reported in field 24B.

7. Backdating Prescriptions

- Schools frequently discover after the fact that medical services or supplies have already been provided to a child who was Medicaid eligible.
- Schools *cannot* request a provider to backdate a prescription for these supplies or services.
- Writing a prescription for supplies or services reimbursed by Medicaid for a date that has already past (backdating), could be considered to be Medicaid fraud by both the provider writing the prescription and the professional seeking payment for Medicaid services and supplies.
- Fraud is defined as an intentional deception or misrepresentation that the individual knows to be false, or does not believe to be true that is made with the knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person.

F. PROVIDER MANUALS

This school based provider manual is an addendum to the EPSDT provider manual. The EPSDT manual provides details on screening and screen components.

School-based providers will receive the EPSDT provider manual upon enrollment. Copies of manuals for all services are available from Consultec at the address below:

Consultec, Inc.
Provider Relations Unit
P.O. Box 8000
Helena, MT 59604
Phone: 1-800-624-3958 in state, or (406)442-1837

G. THIRD PARTY LIABILITY (TPL)

- All Medicaid providers must bill private insurance first if a Medicaid recipient has private insurance coverage.
- Please refer to instructions on billing other insurance (TPL) included in section VII of the yellow Medicaid Provider Handbook.
- The Individuals with Disabilities Education Act (IDEA) may limit the ability of a school to bill Medicaid. Although Medicaid does not require parental consent to bill third party liability, IDEA does. Information is presented here to inform you of potential billing impacts. Information regarding financial loss, **which appears in the box on the following page**, does not represent Medicaid regulations.
- Information in the box is from a booklet entitled “MEDICAID COVERAGE OF HEALTH-RELATED SERVICES FOR CHILDREN RECEIVING SPECIAL EDUCATION: AN EXAMINATION OF FEDERAL POLICIES” this is available from the Department by calling Medicaid Services Bureau at 444-4540. This booklet will help interested parties understand conditions under which the Federal Medicaid program can pay for health-related services required by an Individualized Education Program.

An agency may not compel parents to file an insurance claim when filing the claim would pose a realistic threat that the parents of children with disabilities would suffer a financial loss not incurred by similarly situated parents of other children. Financial losses include, but are not limited to, the following:

- A decrease in available lifetime coverage or any other benefit under an insurance policy;
- An increase in premiums under an insurance policy; or

- An out-of-pocket expense such as the payment of a deductible amount incurred in filing a claim.
- If such a cost would be incurred, a parent's use of insurance proceeds would have to be voluntary. If a school determined that private insurance could not be billed for dually insured services, then Medicaid could not be billed for these services either, and the state or local education agency would have to bear the costs which Medicaid and the third parties would have been obligated to pay.

H. PASSPORT TO HEALTH PROGRAM:

- is a coordinated care program which covers many children enrolled in Medicaid.
- requires children enrolled in PASSPORT will have a PASSPORT provider designation on their Medicaid ID card.

1. How to Identify Children on PASSPORT

- Children who are on PASSPORT will have the words "PASSPORT PROVIDER: (PASSPORT provider's name) and (PASSPORT provider's phone number)" under the child's name on the Medicaid card.
- You may also check the TEAMS public access screen. Another way to find this information is to use FAXBACK at 1-800-714-0075 or VOICE RESPONSE at 1-800-714-0060.

2. How to Obtain Authorization -- Case-by-Case Basis

- When you want to provide a Well Child Screen or immunization to children on PASSPORT, check their Medicaid card for the name and phone number of their PASSPORT provider.
- Contact the primary care provider and request authorization. It is important to communicate results of the Well Child Screen or types of immunizations administered to the child's primary care provider to promote coordination and continuity of care.

3. How to Obtain Authorization -- Blanket Authorization

- You may want to consider getting a blanket authorization from PASSPORT providers in your area to perform Well Child Screens and immunizations.
- The school can write to all primary care providers in their area at the beginning of

each year. Ask providers to sign a blanket authorization, good for that entire year, for Well Child Screens and immunizations. This blanket authorization is only good for Well Child Screens. A provider is not obligated to and may choose not to authorize schools to provide services.

- In signing this blanket authorization, the PASSPORT provider gives his or her Medicaid provider number to use when submitting claims.
- To promote coordination of care, you should notify primary care providers when their patients receive Well Child Screens and immunizations.

4. How to Receive Reimbursement

- If you provide Well Child Screens or immunizations to a PASSPORT child, you must have that service authorized by the child's primary care provider to receive reimbursement.
- You will fill out the claims form the same way you do now, with one extra step to show the primary care provider has authorized the PASSPORT-managed service you provided.
- Indicate authorization by putting the primary care provider's Medicaid provider number in the box labeled "Referring Physician" on the HCFA-1500 claim form (box 17a).
- Claims submitted without authorization from the PASSPORT primary care provider will be denied. If you have questions about PASSPORT, please call Provider Relations at 1-800-624-3958 or 406-442-1837.

I. HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

The Health Maintenance Organization (HMO) program:

- is one of two managed care options for Medicaid recipients.
- will not be available everywhere.
- covers recipients who chose the HMO.

- requires schools to obtain HMO-covered services for HMO recipients through the designated HMO instead of Medicaid.
- details can be found in your Medicaid Provider Handbook for services covered under the HMO program.

There are four ways to determine if Medicaid recipients are enrolled in a HMO:

1. **Check their Medicaid card** - the words HMO will appear under the recipient's name along with the name and phone number of the HMO with which the recipient is enrolled.
2. **Check the TEAMS Public Access Screen** - the HMO's name and phone number will appear in the field called "Provider on Last DOS".
3. **Call the toll-free Medicaid managed care provider information line at 1-800-480-6823 in State and (406) 449-3360 in Helena and out of state.**
4. **Call Medicaid Voice Response at 1-800-714-0030 or Faxback at 1-800-714-0075.**

Providers will not be reimbursed for services provided to an HMO recipient unless the provider is an HMO-contracted provider or services provided are not included in the HMO package. Please refer to Section XII of the Medicaid Provider Handbook for a list of services covered by the HMO.